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CONFIRMATION NO. 3624

SERIAL NUMBER 10/719,477	FILING OR 371(c) DATE 11/21/2003 RULE	CLASS 435	GROUP ART UNIT 1644	ATTORNEY DOCKET NO. 07039-443001
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APPLICANTS

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**** CONTINUING DATA *******

This appln claims benefit of 60/428,132 11/21/2002

**** FOREIGN APPLICATIONS *********IF REQUIRED, FOREIGN FILING LICENSE GRANTED**

** 02/19/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no		
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after Allowance		
Verified and Acknowledged	Examiner's Signature _____ Initials _____		
STATE OR COUNTRY MN	SHEETS DRAWING 6	TOTAL CLAIMS 39	INDEPENDENT CLAIMS 7

ADDRESS

23599

TITLE

DETECTION OF ANTIBODIES SPECIFIC FOR B7-H1 IN SUBJECTS WITH DISEASES OR PATHOLOGICAL CONDITIONS MEDIATED BY ACTIVATED T CELLS

FILING FEE RECEIVED 1093	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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